

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AF #  
**RESPONSE UNDER RULE 116**  
**EXPEDITED HANDLING PROCEDURES**

In re Patent Application of



Atty Dkt. PTB-4750-46

C# M#

LANG et al.

TC/A.U.

3765

Serial No. 10/578,864

Examiner: Katherine M. Moran

Filed: June 22, 2006

Date: October 13, 2011

Title: HEADBAND DEVICE FOR AN OXYGEN MASK, AND METHOD FOR THE PRODUCTION THEREOF

**Mail Stop AF**

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

**RESPONSE/AMENDMENT/LETTER**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment	17	minus highest number			
previously paid for	39	(at least 20) =	0	x \$60.00	\$0.00 (1202)/\$0.00 (2202) \$ 0.00
Independent claims after amendment	3	minus highest number			
previously paid for	5	(at least 3) =	0	x \$250.00	\$0.00 (1201)/\$0.00 (2201) \$ 0.00
If proper multiple dependent claims now added for first time, (ignore improper); add					
					\$450.00 (1203)/\$225.00 (2203) \$ 0.00
Petition is hereby made to extend the current due date so as to cover the filing date of this					
paper and attachment(s)					
					One Month Extension \$150.00 (1251)/\$75.00 (2251)
					Two Month Extensions \$560.00 (1252)/\$280.00 (2252)
					Three Month Extensions \$1270.00 (1253)/\$635.00 (2253)
					Four Month Extensions \$1980.00 (1254)/\$990.00 (2254)
					Five Month Extensions \$2690.00 (1255)/\$1345.00 (2255) \$ 150.00
Terminal disclaimer enclosed, add					\$160.00 (1814)/ \$80.00 (2814) \$ 0.00
<input type="checkbox"/> Applicant claims "small entity" status. <input type="checkbox"/> Statement filed herewith					
Rule 56 Information Disclosure Statement Filing Fee					\$180.00 (1806) \$ 0.00
Assignment Recording Fee					\$40.00 (8021) \$ 0.00
Other:					\$ 0.00
					<b>TOTAL FEE \$ 150.00</b>

☒ **CREDIT CARD PAYMENT (FORM ATTACHED IF PAPER FILING).**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor  
 Arlington, Virginia 22203-1808  
 Telephone: (703) 816-4000  
 Facsimile: (703) 816-4100  
 PTB:IGS/lmr

NIXON & VANDERHYE P.C.  
 By Atty: Paul T. Bowen, Reg. No. 38,009

Signature: 

10/14/2011 SZWDTE1 00000010 10578864

01 FC:1251

150.00 OP